



Donation Request Form

Please be sure to submit request at least 30 days prior to the event

Name of Requester:	Therapeutic Area of Event: Wounds/Trauma: <input type="checkbox"/> Surgical: <input type="checkbox"/> Pelvic Organ Prolapse: <input type="checkbox"/>
Telephone:	Date of Request:

Part 1: Entity Information	
Payee (Legal Name):	
If different than Payee, Requesting Entity Name:	
Entity Tax ID #:	
Is the entity a 501(c)3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Street Address:
	Line 1:
	Line 2:
	City: _____ State: _____
Zip Code:	
HCP or Affiliated Entity: <i>Is the request affiliated with an HCP, HCO, or Patient Advocacy Organization?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requesting Entity Contact Person:	Name:
	Title:
Fax:	Telephone:
Email:	

Part 2: Donation Information – Mark appropriate box below to reflect support requested	
Requesting: <input type="checkbox"/> Funding <input type="checkbox"/> Product Amount of funding being requested: _____ If approved, when is the funding and/or product needed: _____	If product is being requested, please list the product(s) and specific quantities. 1. 2. 3. 4. 5.

Part 3: Event Details – if applicable	
Name of Event:	
Event Location: (city, state)	
Date(s) of Event:	
Name of Venue: (hotel, conference center, etc.)	
Target Audience of Event:	
Expected number of attendees:	
Will ACell be attending the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are their recreational or social activities taking place at this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any prizes being provided to attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the above question was answered yes, please describe in detail to the right:	
Are there meals being provided that will utilize funds from ACell if the Donation request is approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the above answer is yes, please describe in detail to the right the tracking processes your entity has in place to track every attendee that will partake in the meal(s) that ACell funds will be supporting.	

Part 4: Attestation of Requesting Entity
<p>As the requester, I attest that this donation is being requested to provide education, product awareness or support to Healthcare Professionals, Healthcare Organizations or Patients in a disease state or therapeutic area relevant to ACell's products.</p> <p>Printed Name of Requester: _____</p> <p>Signature of Requester: _____</p> <p>Date Signed: _____</p>

*A checklist of required documentation is on page 3.

Documentation Requirements for Donation Request

The list below is provided for reference in regards to the required documents that must be submitted with this completed form.

- Request letter on entity letterhead
 - Request Form
 - W-9 or W-4
 - Letter from IRS documenting tax exempt status
 - Proposed Itemized Budget
 - Agenda or detailed description of event
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- Completed requests and the required supporting documentation should be submitted to: donations@acell.com.
 - If you have any questions regarding the status of your request please submit those questions to the same email address as above.
 - A representative from the Professional Relations department will contact you once a decision has been made pursuant to your request.